Volume 9, Issue 2

# BUREAU TALK

**Volume 9. Issue 2** **APRIL 2009** www.dhss.mo.gov/HomeCare

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## SPRING IS IN THE AIR

Flowers and trees are starting to bloom! Spring is here, and it is the time of year that prompts change in people's lives.

The Bureau is also changing. Effective May 1st, we say good-bye to a veteran of the survey team: Claudette Jensen. Claudette has been with the bureau for almost 16 years. She is well known in the home health, hospice and outpatient therapy world for her expertise as a surveyor, mentor and, most importantly, an advocate for the patients. We will miss the expertise and experience. Please join us in wishing her well in her retirement!

The Bureau also welcomes Teresa Generous, who became director of the Division of Regulation and Licensure on March 16, 2009. Generous replaces Kimberly O'Brien, and has experience in health law, litigation and arbitration. She also has extensive experience working with diverse constituencies to find solutions and strengthen effective long term relationships. Please join is in welcoming her.

## OFFICE ISSUES

Remember...it may take the Bureau four to six weeks to process agency requests that involve personnel (administrator, nursing supervisor) and e-mail address changes. Expansion requests may also take this long. Agencies will be notified if requests are completed before then.

As always, let the Bureau know about administrators' current e-mail addresses.

## DISCHARGE FOR A CAUSE

Recently several hospices called the Bureau, seeking approval for "discharging patients for cause." Hospices do not need the Bureau's approval for this.

However, hospices should be thoroughly documenting how they have met the requirements of CFR 418.26 and the reasons for a patient's discharge in the patient's medical record. The documentation will provide justification for hospices in the event of hotline complaints.

## DEVICE DECISION GUIDE

With the new hospice Conditions of Participations (CoPs), there is much discussion regarding restraints and how to determine if a device is a restraint and/or enabler as well as a potential safety hazard. Primaris has recently developed a "Device Decision Guide: Restraint, Enabler, and Safety Hazard" to assist agencies in this determination. Please see Attachment A.

## HOSPITAL DISCHARGE PLANNING FOR HOSPICE

There was a revision 10-17-08 of the HOSPITAL Conditions of Participation. Before the revision, hospitals gave patients needing home care only one list upon discharge: the names of home health agencies near them. Now, with the new HOSPITAL CoPs (482.43(b)(4), hospitals must also provide patients with an evaluation of their likely need for hospice care upon discharge, as well as a list of available Medicare-certified hospices near them. Hospitals must document in patients' records that patients or their designees received the lists.

## PROPER DISPOSAL OF HOUSEHOLD PHARMACEUTICAL WASTE

The January 2009 edition of *Bureau* Talk included a brochure about the proper disposal of household pharmaceutical waste. The procedures outlined in the brochure are not mandated by regulation; rather, they offer guidance and "suggested practices" to providers. The Missouri Department of Natural Resources, the Missouri Department of Health and Senior Services, and the Missouri Board of Pharmacy produced the brochure.

## AIDE IN-SERVICES

Regulations require home health and hospice aides employed with an agency to have 12 hours of in-service each calendar year. The Bureau reminds agencies that the Missouri Alliance for Home Care (MAHC) offers nurse aide in-services via teleconference periodically throughout the year. The alliance has eight (8) in-services scheduled from March through November 2009 on the second Tuesday of every month. The titles are: 1)"Caring for the Caregiver," 2) "The Aide's Role in Fall Prevention," 3) "Ready or Not- Disaster Happens," 4) "Caring for Patients with Arthritis," 5) "The Final Journey- The Aides Role," 6) "Compassionate Caring for Cancer Patients," 7) "Safety Issues of the Dementia Patient," 8) "Caring for the Client with ALS," and "Keys to Working with Stroke Clients."

For more information, contact the alliance at (573) 634-7772 or email ann@homecaremissouri.org.

## NEW REGULATIONS FOR CORFs

In the January 2009 *Bureau Talk*, Attachment A contained the Survey & Certification Letter (09-21). The letter outlines revisions and updates to the Outpatient Physical Therapy Clinics/Comprehensive Outpatient Rehabilitation Facilities (OPT/CORF) Conditions of Participation. As you recall, 485.58(e) (2) adds a patient's home as a location for the provision of outpatient physical and occupational therapy, or speech-language pathology services. Also, a single-home evaluation visit now requires the presence of the patient as well as an appropriate therapist.

The Bureau has received several phone calls about CORFs now being able to provide services in a patient's home. The Bureau reminds providers that per state law (RsMO 197.400), if two or more services are provided in a patient's home, the entity providing services must become licensed as a home health agency. However, if an entity or agency evaluates a patient only once in his or her home, the Bureau will probably waive the home-health licensure requirement.

## SURVEYOR IN-SERVICES

In the past, the Bureau made it known that surveyors would be willing to do in-services to individual agencies, if the in-service fit into a surveyor's schedule. But the Bureau has to retract this offer because of budget constraints, an increase in survey activity, more complicated surveys, and notification from the Department of Administration.

## AGENCY CHANGE OF ADDRESS

In the January 2009 edition of *Bureau Talk*, we reminded agencies that the Centers for Medicare and Medicaid Services (CMS) requires a home health or hospice agency to notify CMS of any intent to change its service location, and that CMS must approve before an agency moves. We cannot stress this enough, you must get prior approval.

CMS has notified the Bureau it will **not** approve **any** outpatient physical therapy clinic (OPT) or comprehensive outpatient rehabilitation facility (CORF) requests for change of location because of budget constraints. For instance, a survey at an agency's new location would be required, and this year's budget doesn't allow for any additional surveys.

## FISCAL INTERMEDIARY(FI) MEDICARE ADMINISTRATIVE CONTRACTOR (MAC)

The transition to the new Medicare Administrative Contractor (MAC)— HIGHMARK—was supposed to begin in May 2009. However, the transition is delayed due to protest from CIGNA.

No transition activities will proceed until the protest is resolved by the Government Accounting Office (GAO), which has until May 13th to render a decision. Until then, CAHABA is still the fiscal intermediary.

Providers may visit the Centers for Medicare and Medicaid Services' (CMS) Web site to learn more: http://www.cms/hhs.gov/MLNMattersArticles/downloads/SE0837.pdf

Effective April 6, 2009, when a home health or hospice agency calls CAHABA, the agency is required to have its NPI number, Provider Transaction Access Number (PTAN), and the last 5 digits of its tax identification number (TIN). Without this information, CAHABA will not disclose protected health information. Agencies must also provide these three numbers when submitting written requests to CAHABA—with one exception. If an agency's name and address are clearly visible on its official letterhead and match information on file with the Fiscal Intermediary Standard System (FISS), providing the numbers is not necessary.

## DISASTER PREPAREDNESS

Lois Kollmeyer, director for disaster preparedness planning for The Missouri Hospital Association, is preparing a Webinar on disaster preparedness that will soon be available for viewing by home health and hospice agencies. Information regarding this Webinar will be coming soon from your respective associations.

## HOSPICE PATIENTS IN ASSISTED LIVING FACILITIES

Is a "contract" required between a hospice agency and an assisted living facility (ALF) when a hospice patient lives in an ALF? The regulations require an "agreement" between the two entities, not a contract. But both entities should have the agreement in writing so surveyors can verify regulation compliance.

## AIDE COMPETENCY EXAM

For some reason, agencies think the Bureau has issued a new Aide Competency Exam. This is INCORRECT. The Home Health Advisory Council has visited the idea of updating the current Aide Competency Exam; but has not done so. All agencies should still use the exam that was revised on July 1, 2004.

## NEW PRESSURE ULCER EFFORTS IN MISSOURI

Patient-centered health care and pressure ulcer prevention are goals of CMS and Missouri's Quality Improvement Organizations (QIO), Primaris.

Primaris has opened up the lines of communication between providers and created a forum to share best practices and resources in pressure ulcer prevention.

Primaris began this initiative with hospitals and nursing homes, but feels home health agencies also have a vital role to play.

Please see ATTACHMENT F for more details.

## HOSPICE QUESTION & ANSWERS

The Bureau has again compiled a few answers to questions received by hospice agencies over the past quarter. Please refer to **Attachment B** for this quarter's Q & As.

# News from the MOO arena...


By Joyce Rackers

## NEW OASIS B-1 Q & As

The April 2009 CMS Quarterly OASIS Q & A's are now available and can be found at www.oasiscertificate.org. Share them with your clinical staff today! As always, be sure and add these Q & A's to your OASIS training manuals so your staff can use them as a reference when different scenarios arise.

## OASIS "C" UPDATES

Has your agency kept up on the latest regarding OASIS C? Is it a FACT or is it RUMOR the cows are going out to pasture? Those who attended the Missouri Alliance for Home Care's Annual Conference now know that OASIS C is indeed a fact…it is not a rumor! The cows aren't going completely away but there won't be as many! Many of the OASIS C data set items will now start with an "M", rather than a ""M00".

In March 2009, CMS published the final **proposed** version of the OASIS C – Version 12.2. Please see **Attachment C.** The final rule is anticipated for August 2009 (CMS expects only minor changes to the OASIS C - if any- to occur in the final rule process) with implementation by January 2010.

OASIS was initially developed as a data set for measuring and reporting three different quality measures: structure, outcome and process. OASIS B-1 (the current OASIS data set), measures outcome measures (assessment only), OASIS C adds process measures. The OASIS C will make an agency accountable for its plans of care and assure the plans of care are carried out. (Electronic Health Records is an example of the last measure – structure).

I feel it's important for agencies to be aware of what CMS's goals were in developing the OASIS C. They were to:

1. Eliminate unnecessarily burdensome or inefficient data collection requirements.
2. Eliminate items not used for payment, quality measurement or risk-adjustment purposes.
3. Improve existing items by clarifying wording and improving ability to show progress.
4. Update language to conform to current practice standards.
5. Include process items that will support the public reporting of evidence-based practices.
6. Standardize many OASIS assessment items with the Minimum Data Set (MDS) and the CARE Instrument being developed for use across all post-acute settings.
7. Recognizes the care that is actually provided to patients.
8. Develop and publicly report process measures that support evidence-based practices and give credit to the agencies that adopt them.
9. Give a well-rounded picture of overall agency quality.

The fact that CMS is achieving these goals is not surprising, since most of the comments received from the field testing of this new OASIS document were positive.

To be successful, every home health agency should start preparing for the January 2010 changes now. Agencies cannot wait until January to begin implementing changes. However, it is also imperative to know that OASIS B-1 guidelines must be followed until OASIS C is implemented. So, it becomes a challenge for you—the agency— to develop a time-line to follow. I have a few suggestions below. Once you have examined the OASIS C, this timeline will make more sense to you.

## NOW

* Review the posted data (Version 12.2) (Attached).
* Compare current data collection (OASIS B-1) against new requirements (OASIS C).

**(Please see ATTACHMENT D)**

* Review roles – assessment, plan of care development, implementation and make sure your agency can comply with the "one clinician" rule.
* Begin to review policies for such things as time frames & who is required to do what (For example, does your agency/vendor require assessment to be completed in one day?)
* Take patient scenarios through the items.
* Begin to review your vendor features/limitations.
* Review federal regulations on OASIS data collection.

## SUMMER 2009

* Continue modifying your agency's policies & practices to facilitate new required data collection- Consider issues such as: M0090 date (Not all questions may be able to be answered on the first day of assessment), weekend admissions, therapy only/contract provider (some questions require information "since last assessment" – are electronic records available to HH staff only?)

* Plan for paper-based documentation revisions; there will be new items, revised items, and a requirement for supporting non-OASIS items.

* Create flow sheets for tracking Process Measure data.

* Communicate with software vendors regarding feature updates and implementation timeframes; request triggers and tracking to facilitate required data collection; request availability of assessments to allow review/intro to staff.

* Plan and implement Best Practices related to new process measures (e.g., assessment, care planning and interventions for: diabetic foot care, fall prevention, pressure ulcer risk, etc.).

## Fall 2009

* After final version is posted, provide agency-wide training for data collection. (Training too early could run the risk of inadequacy of data that is still in effect. You know your staff!)

* Contact OASIS Education Coordinator (OEC) for possible state-wide training. (CMS OEC Training is not planned until September 2009)

* Finalize clinical record/comprehensive assessment revisions and train staff on how to use the assessments.

## JANUARY 2010

* OASIS C IMPLEMENTATION!

It's unreasonable to think your staff will know all the OASIS C information on January 1. Not until the data set is implemented and used will questions arise.

STAFF WILL REQUIRE ONGOING TRAINING!

## OASIS C REFERENCES:

I have found the following CMS Web site to be very helpful in obtaining information regarding OASIS C – http://www.cms.hhs.gov/HomeHealthQualityInits/06_OASISC.asp

On this Web site are several links to documents that will assist your agency in preparing your staff for the implementation of OASIS C:

OASIS C Version 12.2

Responses to Public Comment **(Please see ATTACHMENT E**)

Paperwork Reduction Act of 1995 OASIS – OASIS PRA Listings